switch (1.08; p = 0.01) and those with higher depression scores (MADRS) experienced shorter time to switch (0.97; p = 0.02). Those receiving service through university hospital experienced longer interval (3.19; p = 0.01). The computed hazard rate (−0.68) indicates the risk of switch is decreasing over time. **CONCLUSIONS:** Findings indicate that symptoms and type of service delivery site are significant in determining the switch from older to newer agents. The shorter interval for those with higher depression scores is expected and is probably reflective of clinical intervention aimed toward the amelioration of negative symptoms. Interestingly, the longer interval for those with higher side effect scores was contrary to expectation and may indicate that the motivating influence to change is more related to the presentation of primary disease state, rather than the reduction of secondary symptoms associated with the first generation medications. The longer interval for those receiving care in a university hospital setting is perplexing since it is usually expected that medication adjustment will occur during hospital stays. Further investigation of this phenomenon may be aided by the inclusion of physician level information, which is anticipated in upcoming analyses.

PMH6

CHANGE IN INSTRUMENTAL ACTIVITIES OF DAILY LIVING ASSOCIATED WITH ANTIDEPRESSANTS IN OLDER DEPRESSED PATIENTS

Edell WS[1], Mayo KW[2], Bailey KL[2], Sandoval RI[2], Adams BE[1], Jensik SE[1]
[1]Mental Health Outcomes, Lewisville, TX, USA; [2]Pharmacia Corporation, Peapack, NJ, USA

OBJECTIVES: While most current antidepressant agents, such as SSRIs and dual action agents are reasonably effective in ameliorating depressive symptomatology in older patients, less is known about their impact on concurrent instrumental activities of daily living (IADL's). This study examines change in IADL's, such as the capacity to use the telephone, travel, shop, cook, do housework, handle money, or take medicine, from admission to three-month post-discharge follow-up in geropsychiatric patients (age 55 and older) with major depression (ICD-9-CM codes 296.20-296.36) treated with fluoxetine (n = 77), mirtazapine (n = 36), sertraline (n = 145), or venlaxafine (n = 56). **METHODS:** Data were obtained from the CQI+SM Outcomes Measurement System, which tracked patients admitted to geropsychiatric inpatient programs in 111 general hospitals across 33 states between 1997–1999. IADL's were measured by selected items from the Duke OARS Multidimensional Functional Assessment Questionnaire (Lawton & Brody, 1969). A Medication Usage Questionnaire was used to track medications prescribed. One-way Analyses of Variance and if significant, Tukey's pairwise comparisons were used to compare medication groups. **RESULTS:** At admission, patients exhibited moderate to severe inability to independently carry out IADL's (Mean score of 14 to 15 out of 21). Medication groups were indistinguishable on change scores in overall IADL's from time of admission to follow-up. On average, patients showed no change in their ability to carry out IADL's during this time period, despite an improvement in level of depression, as measured by the collateral version of the Geriatric Depression Scale (Nitcher, Burke, Roccaforte, & Wengel, 1993). **CONCLUSIONS:** Antidepressant agents in this analysis were associated with modest improvement in IADL's as assessed by the Duke OARS Multidemsional Functional Assessment in Older Adults. New treatment modalities that improve IADL's along with depressive symptomatology in older patients would be beneficial. Further controlled studies are needed to better understand these findings.

PMH7

CHANGE IN MALADAPTIVE BEHAVIORS ASSOCIATED WITH ANTIDEPRESSANTS IN OLDER DEPRESSED PATIENTS

Jensik SE[1], Mayo KW[2], Bailey KL[2], Sandoval RI[2], Edell WS[1], Adams BE[1]
[1]Mental Health Outcomes, Lewisville, TX, USA; [2]Pharmacia Corporation, Peapack, NJ, USA

OBJECTIVES: Numerous antidepressant agents are available to treat geropsychiatric patients with depression. While most current agents are reasonably effective in ameliorating depressive symptomatology, less is known about the impact of these agents on concurrent maladaptive behaviors. This study examines change in sixteen such behaviors from admission to discharge to three-month post-discharge follow-up in geropsychiatric patients (age 55 and older) with major depression (ICD-9-CM codes 296.20-296.36) treated with fluoxetine (n = 292), mirtazapine (n = 288), sertraline (n = 744), or venlaxafine (n = 289). **METHODS:** Data were obtained from the CQI+SM Outcomes Measurement System, which tracked patients admitted to geropsychiatric inpatient programs in 111 general hospitals across 33 states between 1997–1999. Maladaptive behaviors were measured by the Psychogeriatric Dependency Rating Scale (PGDRS) (Wilkinson & Graham-White, 1980) and a Medication Usage Questionnaire was used to track medications prescribed at admission, discharge, and follow-up. One-way Analyses of Variance and if significant, Tukey's pairwise comparisons were used to compare medication groups. **RESULTS:** At admission, patients exhibited mild to moderate evidence of maladaptive behaviors (Mean PGDRS overall score of 20 out of 48). Medication groups were indistinguishable on change scores in overall maladaptive behaviors from time of admission to discharge (average length of stay around 16 days), discharge to follow-up, or admission to follow-up. On average, patients showed a very modest improvement (1–2 points) on the PGDRS from admission to discharge, modest decline from discharge to follow-up (0–2 points),

and no change to modest improvement from admission to follow-up (0–1 points). **CONCLUSIONS:** Antidepressant agents in this analysis were associated with modest improvement in maladaptive behavior as assessed by the PDGRS. New treatment modalities that improve maladaptive behavior along with depressive symptomatology in older patients would be beneficial. Further controlled studies are needed to better understand these findings.

PMH8

IMPACT OF CURRENT ANTIDEPRESSANTS ON COGNITION IN OLDER PATIENTS WITH DEPRESSION

Adams BE[1], Mayo KW[2], Sandoval RI[2], Bailey KL[2], Jensik SE[1], Edell WS[1]
[1]Mental Health Outcomes, Lewisville, TX, USA; [2]Pharmacia Corporation, Peapack, NJ, USA

OBJECTIVES: An array of antidepressant agents are available in the treatment of geropsychiatric patients with depression. While most current agents, such as the selective serotonin reuptake inhibitors (SSRI's) (e.g., fluoxetine; sertraline) and agents acting upon both serotonin and norepinephrine (e.g., mirtazapine; venlaxafine), are reasonably effective in ameliorating depressive symptomatology, less is known about the impact of these agents on other common areas of deficit in older depressed patients, such as cognition. This study examines change in cognitive functioning in geropsychiatric patients (age 55 and older) with major depression (ICD-9-CM codes 296.20-296.36) treated with fluoxetine (n = 269), mirtazapine (n = 275), sertraline (n = 713), or venlaxafine (n = 259). **METHODS:** Data were obtained from the CQI+SM Outcomes Measurement System, a Joint Commission of Accredited Hospital Organizations (JCAHO) ORYX accepted performance improvement system, which tracked patients admitted to geropsychiatric inpatient programs in 111 general hospitals across 33 states between 1997–1999. Cognitive functioning was measured at admission and discharge using the Mini-Mental State Examination (MMSE) (Folstein, Folstein, & McHugh, 1975). A Medication Usage Questionnaire was used to track medications prescribed to patients just prior to admission and at discharge. One-way Analyses of Variance and if significant, Tukey's pairwise comparisons, were used to compare medication groups. **RESULTS:** At admission, patients exhibited moderate evidence of cognitive impairment (Mean MMSE score of 21 out of 30). Medication groups were indistinguishable on change scores in cognitive functioning from time of admission to discharge (average length of stay around 16 days). The average change score on the MMSE was 1.1 to 1.6 points, suggesting very mild improvement. **CONCLUSIONS:** Antidepressant agents in this analysis were associated with modest improvement in cognitive functioning as assessed by the MMSE. New treatment modalities that improve cognition along with depressive symptomatology in older patients would be beneficial.

PMH9

HEALTH CARE UTILIZATION AND COSTS IN SCHIZOPHRENIC PATIENTS TAKING RISPERIDONE VERSUS OLANZAPINE IN A VETERANS ADMINISTRATION POPULATION

Shermock KM[1], Fuller MA[2], Secic M[1], Laich JS[2], Durkin MB[3]
[1]The Cleveland Clinic Foundation, Cleveland, OH, USA; [2]Louis Stokes Department of Veterans Affairs Medical Center, Brecksville, OH, USA; [3]Janssen Pharmaceutica, Titusville, NJ, USA

OBJECTIVES: To compare the change in health care utilization and costs from one year before (preperiod) and one year after (postperiod) starting treatment with risperidone or olanzapine in schizophrenia patients in a Veterans Administration population. **METHODS:** Patients with a diagnosis of schizophrenia (ICD-9 CM code 295) in the preperiod, who had an initial prescription for risperidone or olanzapine dispensed between 3/97 and 3/99, were included. Patients who received any atypical antipsychotic in the preperiod were excluded. Comparisons of average change in utilization and cost from the preperiod to the postperiod were made between the groups for: inpatient hospitalizations, outpatient clinic visits, medications, and total health care cost. Analysis of covariance was used to analyze the data using age, gender, and race as covariates. **RESULTS:** 304 patients in the olanzapine group and 344 in the risperidone group were included. The olanzapine group had significantly more inpatient admissions per patient (0.09 vs. −0.24, $p = 0.026$), longer inpatient lengths of stay (4.3 days vs. −4.2 days, $p = 0.004$), and higher cost of inpatient admissions ($2735 vs. −$3226, $p = 0.003$) than the risperidone group. There was a significantly lower cost of antipsychotic for the risperidone group than for the olanzapine group ($650 vs. $1660, $p < 0.001$). The mean daily doses were 3.4 mg of risperidone and 12.0 mg of olanzapine. The olanzapine group also had a significantly higher change in cost for all drugs ($1492 vs. $683, $p < 0.001$) and all health care costs ($5,665 vs. −$1,167, $p < 0.001$) than the risperidone group. **CONCLUSIONS:** The changes in total health care costs, number, length of stay, and cost of inpatient admissions, and medication costs for risperidone-treated patients were significantly lower compared with olanzapine-treated patients.

PMH10

HEALTH OUTCOMES OF CHILDHOOD ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD): HEALTH CARE USE AND WORK STATUS OF CAREGIVERS

Noe L[1], Hankin CS[2]
[1]Ovation Research Group, Highland Park, IL, USA; [2]ALZA Corporation, Mountain View, CA, USA

OBJECTIVES: Attention-deficit/hyperactivity disorder (ADHD) is the most commonly diagnosed psychiatric disorder among children in the US. However, the social